


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90248 009 \*\*\*\*61.25

<b>DOCUMENT # N15003</b>			
1. Entity Name <b>LANCASTER AT CENTURY VILLAGE CONDOMINIUM #1 ASSOCIATION, INC.</b>			
Principal Place of Business <b>13460 SW 10 STREET SUITE 101 PEMBROKE PINES FL 33027 US</b>		Mailing Address <b>13460 SW 10 STREET SUITE 101 PEMBROKE PINES FL 33027 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>DAVIS, CHARLES W 13460 SW 10 ST PEMBROOKE FL 33027</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u>Charles W Davis</u> <u>Charles W. Davis, General Manager</u> <u>2-2-06</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reappointing)</small> DATE			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MARTIN, EDWARD <input checked="" type="checkbox"/> Delete 100 SW 130 TER A-10 PEMBROKE PINES FL 33027	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Bob Liguori <input type="checkbox"/> Change <input type="checkbox"/> Addition 300 SW 130 Terr B-315 Pembroke Pines, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MARTIN, EDWARD <input type="checkbox"/> Delete 100 SW 130 TE, #C-107 PEMBROKE PINES FL 33027	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ELBA, MARY A <input type="checkbox"/> Delete 500 SW 130 TER A-110 PEMBROKE PINES FL 33027	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Mary Ann Elba  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



1st MOORE CR2E037 (10/05)

4. FEI Number **59-2818018** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required